

FILED MAR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5604

BIRTH NO. <u>232</u>		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. CITY <u>Morgan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u> c. LENGTH OF STAY (In this place) <u>5 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Versailles Moreau</u> d. STREET ADDRESS <u>4 East of Versailles, Mo.</u> (If rural, give location) <u>Twin Springs</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith Stroup</u> b. (Middle) <u>Hart</u> c. (Last) <u>Hart</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 24, 1892</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Adair Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Bauch Stroup</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Grabtree</u>		14. NAME OF HUSBAND OR WIFE <u>Marcus M. Hart</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>0</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marcus M. Hart</u> ADDRESS <u>Versailles, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease - rheumatic</u> ANTECEDENT CAUSES <u>(Bronchial asthma)</u> DUE TO (b) <u>3 yrs</u> DUE TO (c) <u>4 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 26, 1947</u> , to <u>Feb 24, 1949</u> , that I last saw the deceased alive on <u>Feb 23, 1949</u> , and that death occurred at <u>9 a - m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Gunn M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles Mo</u>		23c. DATE SIGNED <u>2/24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 26-1949</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn - v.o.k.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>V. F. ...</u> ADDRESS <u>Versailles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 1-4-9-12
Date Filed 2-28-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Raymond Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.